



NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES
WASTE MANAGEMENT DIVISION - RIMS
PO BOX 3900
Concord, NH 03302
(603) 271-2921



HAZARDOUS WASTE QUARTERLY ACTIVITY REPORT

Date- Jul. 23. 2004
RCRA Id - NHD510165335

JOE I GENERATE
HAZ WASTE GENERATOR INC
PO BOX 95
CONCORD NH 03103

Location:
29 HAZEN DR
CONCORD
NH 03103

Review this report for accuracy and completeness. Please correct any discrepancies and include a copy of the manifest(s) or discrepancy letter(s) documenting the corrections. If your company has manifested shipments not included in the Manifest Detail, enclose a copy of each when returning the report. **Even if there is no fee due, the data must be verified and the report signed and returned to DES.**

Return a signed, accurate report and payment due (if any) to the above address within thirty (30) days of receipt.

Quarter-2 -2004 Manifest Detail

Manifest No:	Gen Sig Date:	Waste Code:	Pounds:	Copies:7 2	Exempt Status:
NHH00000001	Jun. 1, 2004	D001	2,918	N Y	ASSESSED FEE
NHH003	Jun. 12, 2004	D001	55	Y N	ASSESSED FEE
	Jun. 12, 2004	F003	150	Y N	ASSESSED FEE
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Line Item Count:	3	Total Pounds:	3,123	Total Assessed Pounds:	3,123
				Current Quarter Fee*:	\$93.69
				Credits Applied:	\$0.00
				Total Amount Due:	\$93.69

***No fee is charged for assessed weight less than 660 pounds. If fee amount due is \$0, you owe \$0; just return the signed report.**

A \$50 flat fee is charged for assessed weights from 660 to 1,666 pounds.

A \$.03 per pound is charged for assessed weight in excess of 1,666 pounds.

Make check payable to: Treasurer, State of New Hampshire.

Please reference the Site EPA ID number: **NHD510165335** and reporting quarter **2** on your check.

RSA 147-B:8 V Failure to file a report by the required date or to enclose the fees due shall result in the assessment of a 10 percent penalty to be added to the amount of fees due for that month. If no fees are due, a penalty of \$1 per day shall be assessed. Said penalty shall immediately accrue and thereafter the overdue fees and the penalty shall bear interest at the rate established by the Internal Revenue Service effective on the first business day of the calendar year. To this rate shall be added 2 percent. In determining the monthly rate, that figure shall be rounded off to the nearest quarter percent.

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Certification: I hereby certify that the information provided here is complete and accurate to the best of my knowledge. I understand that all information in this report (excluding credit card information) can be disclosed to the public according to the Freedom of Information Act, unless a claim of confidentiality is made in accordance with ENV-WM 213.

I am authorized to sign official documents for my organization.

Authorized Signature Printed Name Title Date

Payment Type: _____ VISA _____ Mastercard _____ Check

Fee Amount Paid :\$ _____ Card #: _____ Exp.Date _____

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